



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

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<http://lapublichealth.org/vet>

ANIMAL CONTROL AGENCIES

PERSON BITTEN				
Victim name (last and first)		Date of Birth	Address (number, street, city and zip)	
Victim phone number		Reported by:		Reporter phone number
Date bitten	Time bitten	Address where bitten (if no address make sure to put city and zip code)		Body location bitten
How bite occurred (explain)				
Date Treated	Hospitalized <input type="checkbox"/> YES <input type="checkbox"/> NO	Treated by		Phone number
Type of treatment				
ANIMAL				
Owner Name (last and first)		Address (number, street city and zip)		
Phone Number	Type of animal <input type="checkbox"/> Dog Breed _____ <input type="checkbox"/> Cat Breed _____ <input type="checkbox"/> Other _____		Description of animal (sex, color)	
Animal Impounded <input type="checkbox"/> YES <input type="checkbox"/> NO	Animal Shelter			Impound #
Was animal taken to a clinic for treatment <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, provide clinic address in this space.		
Current Rabies Vaccination? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Vaccinated	Animal sterilized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not verified		
Animal licensed? <input type="checkbox"/> YES <input type="checkbox"/> NO	License number	Expiration date	City or county licensed in	
Animal Died? <input type="checkbox"/> Yes <input type="checkbox"/> No	Euthanized? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	Remarks:		
Agency taking report:				
Date	Time	Faxed: <input type="checkbox"/> yes <input type="checkbox"/> No	Initials	